

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 760849**

1. Entity Name  
**CHALET CAPRI CONDOMINIUM ASSOCIATION, INC.**



FILED

08 JUN 19 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1110 PINELLAS BAYWAY  
102  
TIERRA VERDE, FL 33715 US**

Mailing Address  
**CHALET CAPRI CONDO ASSOC, SHELL REALTY  
1110 PINELLAS BAYWAY #2  
TIERRA VERDE, FL 33715 US**

2. Principal Place of Business - No P.O. Box #  
**Chalet Capri Condo Asso  
Suite, Apt. #, etc.  
12465 2nd St E  
City & State  
Treasure FL  
Zip  
33706 Country**

3. Mailing Address  
**Yo Shell Realty Inc  
Suite, Apt. #, etc.  
3717 46 Ave So #5  
City & State  
St Petersburg FL  
Zip  
33711 Country**



4. FEI Number  
**59-2084014** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHALET CAPRI & SHELL REALTY INC  
1110 PINELLAS BAYWAY #102  
SAINT PETERSBURG, FL 33715**

7. Name and Address of New Registered Agent  
**NAME: ~~SHELL REALTY INC~~  
Street Address (P.O. Box Number is Not Acceptable)  
3717 46 Ave So. #5  
City: St Petersburg FL Zip Code: 33711**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Shell Realty, Shell Realty Inc LCAM Chalet Capri** 06/16/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$122.50**

☒ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD B, DOROTHY 275 CAPRI CIRCLE N A 105 TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300131505673 06/19/08--01039--002 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIDD, DAVID 12485 2ND ST E C-103 TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>09/24/07 01067008 86/25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNIGHT, DENISE 275 CAPRI CIR N #104 TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: David Kidd** 06/16/08 727 867-5536  
Signature and typed or printed name of signing officer or director Date Daytime Phone #